



UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	215185.00707
	First Named Inventor or Application Identifier	
	JAMES S. SCHUTZBACH, ET AL.	
	Express Mail Label No.	

APPLICATION ELEMENTS <i>See M.P.E.P. chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.
See 37 C.F.R. § 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="24"/></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) Total Sheets <input type="text" value="7"/></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration Total Sheets <input type="text" value="3"/></p> <p> a. <input type="checkbox"/> Newly executed (original or copy)</p> <p> b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
 <i>(for continuation/divisional with Box 17 completed)</i></p> <p> 1. <input type="checkbox"/> DELETION OF INVENTOR(S)
 Signed Statement attached deleting inventor(s)
 named in the prior application, see 37 C.F.R.
 §§ 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 C.F.R. § 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i></p> <p> a. <input type="checkbox"/> Computer Readable Form (C.R.F.)</p> <p> b. Specification Sequence Listing on:</p> <p> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p> ii. <input type="checkbox"/> paper</p> <p> c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
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ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input checked="" type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (M.P.E.P. § 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input checked="" type="checkbox"/> Other: Request for Change of Correspondence	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/839,050 (See Appln. Data Sheet)
Prior application information: Examiner: Demetrius R. Pretlow Group/Art Unit: 2863

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	27160 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
NAME		
Address		
City	State	Zip Code
Country	Telephone	Fax



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(e))	10-20 =	0	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b))	2-3 =	0	X \$ 18.00 =	\$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			\$290.00 =	\$ 0.00
				BASIC FEE (37 C.F.R. § 1.16(a))	\$770.00
	Total of above Calculations =				\$770.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28).				\$385.00
	TOTAL =				\$385.00

19. Small entity status

a. ☐ A small entity statement is enclosed

b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.

c. ☐ Is no longer claimed.

20. ☒ Please charge the amount of \$ 385.00 to Deposit Account No. 50-1710 to cover the filing fee. A duplicate copy of the paper is attached.

21. ☐ Please charge the amount of \$ _____ to Deposit Account No. 50-1710 to cover the recordal fee.

22. The Commissioner is hereby authorized to charge the above fees or credit overpayments or charge any deficiencies to Deposit Account No. 50-1710:

a. ☒ Fees required under 37 C.F.R. § 1.16.

b. ☒ Fees required under 37 C.F.R. § 1.17.

c. ☐ Fees required under 37 C.F.R. § 1.18

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	James A. Gromada, Registration No. 44,727
SIGNATURE	
DATE	January 15, 2004